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Neuroendocrine carcinoma of the head and neck

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Neuroendocrine Carcinoma of the Head and Neck

In Search for a Better Outcome

T.P. van der Laan

1. The inconsistent and confusing nomenclature concerning neuroendocrine carcinoma of the head and neck impairs our ability to make the clinical inferences necessary for deciding on an appropriate treatment strategy. (this thesis)
2. Contrary to squamous cell carcinoma of the head and neck, prognosis in neuroendocrine carcinoma of the head and neck is primarily determined by differentiation grade and only to a lesser degree by tumor stage. (this thesis)
3. In order to improve treatment outcome of patients with a neuroendocrine carcinoma of the head and neck, treatment strategy should be adapted to differentiation grade and tumor location. (this thesis)
4. With the exception of poorly differentiated neuroendocrine carcinoma of the larynx, surgery should be the cornerstone of any treatment plan for patients with a neuroendocrine carcinoma of the head and neck. (this thesis)
5. Outside of palliative care, patients with a neuroendocrine carcinoma of the head and neck should not be treated with radiotherapy as monotherapy. (this thesis)
6. Follow-up of patients with a neuroendocrine carcinoma of the head and neck should be prolonged from the conventional five years to a minimum of ten years, as late recurrences are common. (this thesis)
7. The fragmented nature of journal based publishing impedes the clinical application of available knowledge, leading to suboptimal patient outcome. (this thesis)
8. In regione caecorum rex est luscus.
9. Given enough speed, a square tire will perform the same as a round one.
10. Both medical practice and research are still waiting to enter the information age.
11. Given enough computing power, there is no function a human can do, that a computer can not do better, and there will be no shortage of computing power in the coming decades.
12. The singularity is near.